



Serving the People of California



State of California / Health and Welfare Agency
P.O. Box 826880 MIC 92S Sacramento CA 94280-0001

Pete Wilson, Governor

DATE:

**REQUEST FOR
OFFER IN COMPROMISE**

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EDD ACCOUNT NUMBER: _____

You have requested an Offer in Compromise (OIC) for a tax liability owed the Employment Development Department (EDD). We are enclosing the following forms with instructions for completion:

_____ OIC Application, DE 999A
_____ OIC Financial Statement, DE 999B
_____ How to prepare OIC Financial Statement Instructions, DE 999C
_____ Installment Plan Agreement/Installment Information Sheet, DE 999D
_____ Other: _____

Return the completed forms and all associated documents to the EDD address listed above. Your application will be processed in the order in which it is received.

Should you have any questions, please contact the Offers in Compromise Unit at (916) 464-2726